



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 022 ****61.25

DOCUMENT # 742645					
1. Entity Name PONCE DE LEON INLET SAIL AND POWER SQUADRON, INC.					
Principal Place of Business 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168 US		Mailing Address 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168 US		<p style="font-size: 24px; margin: 0;">40002433</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01092008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1695087	
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, LINDA C 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICHERT, PAUL E 891 SNOOK AVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, ROBERT D 353 HEARTHSTONE TERRACE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALOISE, MICHAEL J. P.O. Box 114 EDGEWATER, FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENNY, WILLIAM C 2319 UMBRELLA TREE DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES, LORA 21 PELICAN LANE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SISSON, STAN 2934 NEEDLEPALM DR. EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURAGE, MYRNA M 1600 N ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, LINDA C 2021 WATERFORD ESTATE DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALOISE, VICKI G. P.O. Box 114 EDGEWATER, FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Linda C. Allen</u> LINDA C. ALLEN 1/8/08 396-423-1945					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					